

**THE CITY OF NEW YORK**  
**VITAL RECORDS CERTIFICATE**

**CERTIFICATE OF BIRTH REGISTRATION**

DATE FILED

THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NOVEMBER 12, 2015  
10:17 PM

## CERTIFICATE OF BIRTH

CERTIFICATE NO. 156-15-102636

1. NAME OF CHILD	(First, Middle, Last) <b>Moshe Felberbaum</b>		
2. SEX	3a. NUMBER DELIVERED of this pregnancy <b>Male</b>	1 3b. If more than one, number of this child in order of delivery ****	4a. DATE OF CHILD'S BIRTH <b>November 09, 2015</b>
5. PLACE OF BIRTH	5a. NEW YORK CITY BOROUGH <b>Manhattan</b>	5b. Name of Hospital or other facility (if not facility, street address) <b>NYU Langone Medical Center-Tisch</b>	
5c. TYPE OF PLACE	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office		<input type="checkbox"/> Home Delivery: Planned to deliver at home? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
6a. MOTHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last)	SEX <b>M F</b>	6b. MOTHER/PARENT'S DATE OF BIRTH <b>01 / 07 / 1984</b>	6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country <b>Israel</b>
Perl	Horovitz		
7. MOTHER/PARENT'S USUAL RESIDENCE	a. State <b>NY</b>	b. County <b>Rockland</b>	7c. City or town <b>Monsey</b>
			7d. Street and number <b>185 Park Lane</b>
8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last)	SEX <b>X M F</b>	8b. FATHER/PARENT'S DATE OF BIRTH <b>01 / 18 / 1984</b>	8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country <b>Brooklyn, NY</b>
Jacob	Felberbaum		
9a. NAME OF ATTENDANT AT DELIVERY	<input type="checkbox"/> M.D. <input type="checkbox"/> R.P.A. <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify <b>John Michael Migotsky</b>		
No Correction History.			
9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN	<input type="checkbox"/> M.D. <input type="checkbox"/> R.P.A. <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input checked="" type="checkbox"/> Hosp. Admin. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify <b>Rosemarie Cook</b> <small>Signature Electronically Authenticated</small> Name of Signer <b>Rosemarie Cook</b> <small>(Type or Print)</small> Address <b>560 First Avenue New York, New York 10016</b> Date Signed <b>November 12, Year - yyyy 2015</b>		
Mother/Parent's Current (First, Middle, Last) Legal Name <b>Perl Felberbaum</b> Address <b>185 Park Lane</b> Apt. <b>****</b> City <b>Monsey</b> State <b>NY</b> ZIP <b>10952</b>			

Above is a Certificate of Birth Registration for your child, which is sent without charge. The Department of Health and Mental Hygiene does not certify to the truth of the statements made here, as no inquiry as to the facts has been provided by law. See reverse side for information on how to correct a birth record.

Este es el registro del certificado de nacimiento de su niño (a), se le ha mandado gratis. El Departamento de Salud no certifica la veracidad de la información en el certificado, así que ninguna investigación sobre los hechos ha sido prevista por la ley. Vea al lado reverso la información para corregir un certificado de nacimiento.



MAYOR

COMMISSIONER OF HEALTH AND MENTAL HYGIENE

CITY REGISTRAR

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.



G 0 0 7 6 8 4 7 8



November 17, 2015

## THE CITY OF NEW YORK

## VITAL RECORDS CERTIFICATE

## CERTIFICATE OF BIRTH REGISTRATION

DATE FILED

MAY 07, 2014  
02:55 PM

THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

## CERTIFICATE OF BIRTH

CERTIFICATE NO. 156-14-038489

1. NAME OF CHILD	(First, Middle, Last)			
	Blima Felberbaum			
2. SEX	3a. NUMBER DELIVERED of this pregnancy	1	4a. DATE OF CHILD'S BIRTH (Month)	
Female	3b. If more than one, number of this child in order of delivery	****	(Day) (Year - yyyy)	
5. PLACE OF BIRTH	5a. NEW YORK CITY BOROUGH	5b. Name of Hospital or other facility (if not facility, street address)		
	Manhattan	The Mount Sinai Hospital		
5c. TYPE OF PLACE	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office		<input type="checkbox"/> Home Delivery: <input checked="" type="checkbox"/> Yes Planned to deliver at home? <input type="checkbox"/> No <input type="checkbox"/> Unknown	
6a. MOTHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX M X F		6b. MOTHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy)	6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country	
Perl Horovitz		01 / 07 / 1984	Israel	
7. MOTHER/PARENT'S USUAL RESIDENCE	7c. City or town	7d. Street and number	Apt. No.	ZIP Code
a. State NY	b. County Rockland	Monsey	185 Park Lane	10952
8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX X M F		8b. FATHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy)	8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country	
Jacob Felberbaum		01 / 18 / 1984	Brooklyn, NY	
9a. NAME OF ATTENDANT AT DELIVERY				
<input checked="" type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____				
Victor M. Grazi				
9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN				
<input type="checkbox"/> M.D. <input type="checkbox"/> RPA <input type="checkbox"/> D.O. <input type="checkbox"/> R.N. <input checked="" type="checkbox"/> Hosp. Admin. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify _____				
Signed <u>Anastasia Stekas</u> Signature Electronically Authenticated Name of Signer <u>Anastasia Stekas</u> (Type or Print)				
Address <u>One Gustave L. Levy Place New York, New York 10029</u> May 07, Year - yyyy 2014				
Date Signed _____				
Mother/Parent's Current (First, Middle, Last) Legal Name <u>Perl Felberbaum</u>				
Address <u>185 Park Lane</u> Apt. <u>****</u>				
City <u>Monsey</u> State <u>NY</u> ZIP <u>10952</u>				

Above is a Certificate of Birth Registration for your child, which is sent without charge. The Department of Health and Mental Hygiene does not certify to the truth of the statements made here, as no inquiry as to the facts has been provided by law. See reverse side for information on how to correct a birth record.

Este es el registro del certificado de nacimiento de su niño (a), se le ha mandado gratis. El Departamento de Salud no certifica la veracidad de la información en el certificado, así que ninguna investigación sobre los hechos ha sido prevista por la ley. Vea al lado reverso la información para corregir un certificado de nacimiento.

Bill de Blasio

MAYOR

Kathy S. Bozzetti

COMMISSIONER OF HEALTH AND MENTAL HYGIENE

Pete P. Evans

CITY REGISTRAR

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

May 9, 2014

